

**Title:** Florida Perinatal Community Integration Meetings, Tallahassee, FL

**Organization:** Bureau of HIV/AIDS, Florida Department of Health

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**Topical Issues of Focus:** Successful collaborations between programs to prevent perinatal HIV

### **Background/Objectives**

Despite medical advances that have resulted in a 90 percent decrease in the number of pediatric AIDS cases in Florida since 1994, babies are still being born HIV infected. Surveillance data indicate that the majority of infected infants are born to high-risk women not receiving adequate prenatal care and disenfranchised from the health and social service systems. Qualitative data from many Florida communities have indicated a fractured healthcare system with service providers working in isolation and the lack of an adequate referral/linkage system for clients.

### **Methods**

In 2002, the Bureau of HIV/AIDS and the Office of Maternal and Child Health collaborated to organize a series of thirteen perinatal community integration meetings, bringing together health and social service professionals working with pregnant women to identify barriers to service provision, create effective referral systems, and strengthen existing linkages in their community. The integration meetings were held in areas with the highest rates of perinatal HIV transmission, and areas with emerging cases of HIV/AIDS in women of childbearing age as determined by Florida's surveillance data. Meeting participants included obstetricians and other prenatal care providers, Ryan White Title IV programs, outreach agencies, Medicaid offices, WIC and Healthy Start programs, Children's Medical Services, and others.

Meeting participants were provided an information packet with state pediatric surveillance data and county-specific data pertaining to HIV/AIDS cases in their community, along with educational information on HIV testing for pregnant women and available treatment. The data included Florida's HIV/AIDS Surveillance Pediatric Epi Profile, the statewide pediatric HIV/AIDS slide set, a county-specific pediatric HIV/AIDS slide set, and a summary analysis of pediatric HIV cases for 2000 and 2001 based on enhanced perinatal surveillance data. The packets also included state and county-specific data on gonorrhea, chlamydia, and syphilis cases in women of childbearing age and congenital syphilis for 1991–2001.

Working from the surveillance data provided and empirical evidence from meeting participants, a professional facilitator assisted each group in developing three to four broad categorical problem areas identified as the predominant reasons for women

giving birth to HIV-infected infants in their community and the barriers to women accessing services. From there meeting participants developed a plan of action to address these issues and formulate long-term goals for their community. Changes in knowledge and opinion were measured by pre- and post workshop surveys.

## **Results**

Individual meeting results were strongly dependent upon the extent of follow-up activities implemented by meeting participants; however, all communities reported positive outcomes. Several themes emerged that transcended the geographical boundaries of the meeting locations. Those themes included:

- The stigma associated with HIV/AIDS;
- Lack of social and family support for infected women;
- Increasing teen pregnancy;
- Substance abuse and domestic violence issues;
- HIV testing of pregnant women;
- Weak linkages between social service agencies and health care providers;
- Barriers to clients accessing and navigating the health service system.

As a result, multiple projects at both the state and community levels have been initiated to address these issues. They include enhanced provider trainings on HIV/AIDS, the development of formalized linkage systems between agencies and providers to facilitate client referrals, outreach to high-risk populations such as incarcerated pregnant women, interagency collaboration on grant applications for funds targeting high-risk women, the development of streamlined client systems of care, and others. A final comprehensive report summarizing the issues and meeting outcomes was released, and has consequently been the catalyst for further projects to address community concerns. One year after the initial integration meetings were held, many communities involved in the project continue to hold follow-up meetings and organize perinatal workgroups to address their specific issues.

## **Conclusions**

The perinatal community integration meetings have been recognized as one of the most successful projects initiated in Florida to address perinatal HIV transmission. The meetings provided a forum for health and social service providers to voice concerns regarding their work with high-risk clients and develop solutions to these problems as a community team. In addition, local issues were brought to the attention of state program managers who have consequently been able to address many concerns at a statewide level.